

A qualitative exploration of the service users perception of perinatal mental health

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AIMS & HYPOTHESIS:

- To explore the perception and lived experiences of perinatal mental health service users in Berkshire;
- To guide clinicians in the development of a holistic and tailored approach to service delivery in the community setting.

BACKGROUND:

- Specialist community perinatal mental health services have been commissioned across the UK to support women with diagnoses of moderate to severe psychiatric illnesses during pregnancy and postpartum.
- Improvements in accessing perinatal mental health is a key recommendation in the Five Year Forward View for Mental Health, with NHS England being set the target of supporting at least 30,000 more women each year in accessing specialist perinatal mental health services ¹
- Research in recent years has focussed on the factors affecting engagement with perinatal mental health services. Inadequacies in service provision and resources has been highlighted as a reason that women may not seek help but research suggests that women are also influenced by other issues and considerations ².
- Barriers to engaging with perinatal mental health services include: negative attitudes towards the diagnosis and treatment of perinatal mental illness ³; lack of affordable childcare thus restricting women in their availability to seek help and address issues in the mid to long term ⁴; normalisation or misunderstanding of symptoms (not knowing what to expect during this phase of their life) ³ lack of understanding about the uses of pharmacology during the perinatal period; lack of support from friends and family who normalise symptoms; cultural implications & time constraints ⁵.
- There is a growing body of evidence showing that the needs of service users and their families should be at the heart of the perinatal model of care.
- However, service users may have different perceptions about specialist perinatal service they have been offered.

METHODS:

- Semi-structured focus groups conducted with a convenience sample of 10 women from East & West Berkshire who received perinatal services and had been discharged from the service 12 months previously.
- A qualitative focus group guide was developed by the study team and reflective of issues that had been raised by service users.
- Focus groups were organised in a locality convenient to participants and they were offered the opportunity to take part in a focus group of their choice. Focus groups were facilitated by the first author (Perinatal Cognitive Behavioural Therapist) and a service consultant psychiatrist.
- All participants completed a consent form prior to participation. Participants were made aware that the focus group was recorded and that verbatim transcripts would be generated.
- Thematic analysis as described by Braun & Clarke (2006) ⁶ was used by the first author and an independent reviewer. Following familiarisation with the data, codes were generated using line by line coding which were then explored further to develop themes. Discrepancies in codes and resulting themes were discussed by the reviewers and the thematic process was illustrated in a theme framework to further refine patterns within the data.

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RESULTS:

- 5 themes were identified:

- **Provision of service – environment & locality**

A strength of the perinatal service was the ability for the service to be delivered in the client's home where possible.

"It is a lot easier if you have a home visit" Mother 2

"I was so pleased when I found out that they came to the house and like it really, really helped." Mother 9

- **Staff - multidisciplinary team**

A clear strength of the perinatal mental health service in Berkshire is the staff that provide care for the clients.

All participants felt that the range of health care professionals that contribute to service provision is a strength.

"I think it was good to see three different people; a doctor, a therapist and a nursery nurse." Mother 4.

- **Definition of Recovery**

Participants expressed a range of descriptors when considering what recovery meant to them.

Many expressed that returning to a pre baby state was important to them and that they could function at what they considered to be "normal levels".

The individuality of recovery and the process that a client goes through was important to the group. All participants agreed that the process of recovery was unique but that it involved gaining knowledge; exploration and discovery of themselves and their illness; learning how to cope and gaining compassion.

"Now I feel like a new, old me...I've just learnt so much about myself...I feel like I am really knowledgeable and I have learnt about how to cope." Mother 2

- **Definition of Perinatal Mental Health**

Participants discussed at length what they considered the term perinatal meant health and the variables that were of importance. Whilst there was appreciation that treatment during the first year post partum is extremely important, there was consensus that service user needs did not end when their child reached their first birthday. All participants agreed that they would like the service to extend beyond a year post partum dependent upon the need of the client.

"I think having the option for an extension if the parent needs it – it's all about me and then my daughter turns one and it ends." Mother 1.

Participants agreed that perinatal meant that the Mother is put at the heart of the service with emotional support being given across the service. They also felt that this indicated a specialist service. Participants were also grateful for the support that was offered to other family members should they want help.

"Perinatal team – to me with that title were more specialist, had more understanding, more compassion." Mother 8

- **Service Improvements**

Participants felt that more could be done to improve the awareness of service users and health care professionals to the service. Information leaflets and the ability of health care professionals in secondary care to discuss service provision and signpost where help can be accessed would be welcomed.

"I think it would have helped if someone said look you can go home now (from hospital) but you know if you start to feel low there is these people you can talk to." Mother 2

CONCLUSION:

- Our findings suggest that perinatal service users have a positive experience of perinatal support, however educating other health care professionals involved in the care of this population was recommended.
- Extending the period of perinatal support and providing information during their pregnancy have been identified by participants as areas for improvement.
- Further research from different localities with a more representative, diverse population is merited.

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